Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc Pro se Notices of Participation Page 1 of 39

Participant must provide all of the information below in English:

1.

Date

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Address:

Verb Las Delicias #565 A. Ordoner Pence Prostop

Participant's Email Address:

Verb Las Delicias #565 A. Ordoner Pence Prostop

Participant's Email Address:

None

Name of Counsel:

None

Address of Counsel:

None

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

Nature of Claim:

Armount Owed

Signature

Gheria I-Rivera Usque

Title (if Participant is not an individual)

Nolog Lao21



SRF 55923

Participant must provide all of the information below in English:

1. Farucipant's contact information, including email address, and that of its counsel,
if any: 2021 SEP 20 PM 5: 20
Participant's Name: hilian hivera
Participant's Address: Box 4066 Agras 116 1-Roober
Participant's Email Address: 1/11/an 7336 hot mail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK 3283-175
Nature of Claim:
By: Fellow Liver
Signature (1)
Print Name
Refire To Primers
Title (if Participant is not an individual)
Date 1/9/2021 We need a dequit retirement

man P.R.00918-1767

150 Are. Carlo Charlos Ste.

Participant must provide all of the information below in English:

10.5,013 16,01.78
1. Participant's contact information, including email address, and that of its counsel,
1. Participant's contact information, metading of the service of t
11 any.
Participant's Name: Mariano Morgles Santana
Participant's Address: Urb Las Vegas o-3 Calles Catano PRO096=
Participant's Email Address: Mariano Morales 793 @ Gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 B K 3283 - L T 5
Nature of Claim: accumulated settisement Contributions
() () l. Tan
Signature
Mariano Morales Santana
Print Name
The state of the s
Title (if Participant is not an individual)
AUGUST 31, 2021
Date

U.S. DISTRICT OFFICE SAN JUAN FR

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al. Les Veges

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state PROOFF 2

office 150 Charlon St. 150 PR 00918-1767

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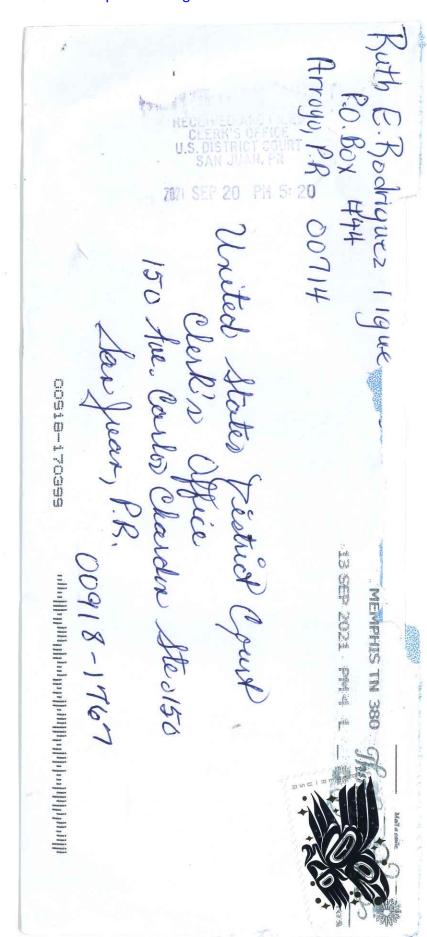


Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii any:
Participant's Name: Ruth E. Bodriquez Figueroa
Participant's Address: P.D. BOX 444 Arroyo, P.R. 0071
Participant's Email Address: rerod 2160 g mail ocom
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 10 3874
Nature of Claim: By: Clettle & Codriguez Original Figueroa Print Name Ruth E. Bodriguez Figueroa Print Name
Title (if Participant is not an individual)
September 3, 2021



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: 70/1 SEP 20 PM 5: 20
1 7
Participant's Name: Juan A. Figueroa Guerra
D.1 1 B 42 1 at 270
Participant's Address: 10eras de 104cane 775 April 2/3
Blogue 2411 Ponce PR 00731
Participant's Email Address: juana figuero e 54 @ gmail com
11/1
Name of Counsel:
1// A
Address of Counsel:
N/A
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 61406
Nature of Claim: - 17 BK 3283 - LTS
1 01
By: Hum G. Foller Meun
Signature //
Juan H. 1-querou
Print Name
Title (if Participant is not an individual)
1
MUGUST DU/ COL
Date

GUERA ANDRES

Sansuan P.R. 00918, 1767 150 ave carlos chardor

Participant must provide all of the information below in English:

1	Participant's contact information, including email address, and that of its counsel,
	if any:
Participa	t's Name: Teresa Rivera Pérez 14 Pedro Diaz Fonseca Urb, Fernans t's Address: Cidra, P. R. 00739
Participa	t's Address: Cidra, P. R. 00739
Participa	t's Email Address:
Name of	Counsel:
Address	f Counsel:
Email A	dress of Counsel:
2	Participant's Claim number and the nature of Participant's Claim:
Claim N	1 - 2 6 6
Nature o	Claim: GONEYNNENT OF the COMON Wealth of
By:	gnature Perez Puerto RICO
	eresa Rivera Pérez nt Name
	romesa litle III
T	le (if Participant is not an individual)
711	9-8-2021
D	te

65E021-81600 rice, 150 ane. Carlon Charlon Ste 13 SEP 2021 PM 4 State of the state man, P.R. 00918-1767 MEMPHIS TN 380 B. CR. T.

Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc: Pro se Notices of Participation Page 13 of 39

Participant must provide all of the information below in English:

1.	Participant's c if any:	ontact information, including email address, and that of its counsel,
Participant's N	Name:	Nelida Olivera Feliciano
Participant's Address:		Ne lida Olivera Feliciano Urb Flamboyanes 1422 Callelitas Profe 00716-961
Participant's E	Email Address:	: ' /
Name of Coun	sel:	
Address of Co	unsel:	
Email Address	of Counsel:	
2.	Participant's C	laim number and the nature of Participant's Claim:
Claim Number		NO. 17 BK 3283 ~ LTS
Nature of Clair By: Velia Signatu Nelia Print Na	re la Olivera P	Eliziano
Λ	Participant is n	ot an individual)

75LL SEP 20

Nébida Olivera Feliciano lob Plambayanes 1622 Calle Was three AC 00714-4612

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United States District Court Clerk's Office 150 Ave Carlos Charden Ste 150 San Juan PR 00918-1767

00918-170625

Name of the second seco

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name:
Participant's Address: 100000000000000000000000000000000000
Participant's Email Address: leegaraymenezegmail-com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 5J 2019 CV 0089 /AQ-14-075
Nature of Claim: Unjustified Dismissal
By: Me parcia
Signature
Michell Lee Carcia fimenez
Print Name
Tid. (iCD. disjoint is not as individual)
Title (if Participant is not an individual)
WOOTEMDER 9, 2021

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Date



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
Participant's Name: Muchell All. Page a smenez
Participant's Address:
Participant's Email Address: Legarciajmenez Egmail* Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 5T 2019 CV 0089 / AQ - 14 - 0755
Nature of Claim: Unjustified Dismissal.
By: Signature
Vichel Lee Garcia Timonez Print Name
the control of the 19 term of the control of the property of the property of the control of the
Title (if Participant is not an individual) Date



Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Samuel Padilla Sierra
Repto Teresita AD-3 Calle 30 Bayanon PR 00961-8343 Participant's Name: Participant's Address: Participant's Email Address: Sampadilla pr@gmail. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: Samuel Padilla Sieva Title (if Participant is not an individual) September 3, 2021

AD-3 Calle 30 Bayamon PR 00961-8343

remain of the control of the control

United States District Court, Clerk's Office Ave. Carlos Chardon Ste. 150 Juan PR 00918-1767

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Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc: Pro se Notices of Participation Page 21 of 39

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Eduardo Fennen VE/frquez Participant's Address: Cond. Quinfana, Tonne B Apf. 206 Sam June
D.// 44
Participant's Email Address: edwards tennen & yehov. com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 BK 3283 - LTS Nature of Claim: Refirement Contributions By: Signature Eduards Fenner Velarques Print Name Title (if Participant is not an individual)
Date Date (Il Participant is not an individual)

Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc: Pro se Notices of Participation Page 23 of 39

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Hayche NAZario Alviva 19
Participant's Address: Hcf 66 Box 7651 Fajordo P.R. 0073
Participant's Email Address: haydee 12 1956 (a) gma, l. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 170798
Nature of Claim:
By: Haydu Mzam almia
By: Haylee NAZario Alvira Haylee NAZario Alvira
Print Name
Title (if Participant is not an individual)
Sep+ 8/2021

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Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Pro se Notices of Participation Page 25 of 39

SRF 55923

Participant must provide all of the information below in English: SA

if any:
Participant's Name: Alas A. Rivers Cournes
Participant's Address: HC-73, Bry 4880, Manmito, Police
Participant's Email Address: carlos arivera aquendo a consil. Com.
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: PENSION RELITEE
By: Africa Guale Signature
Carlos A. Runna Oqueraso
Print Name
Title (if Participant is not an individual)
September 8, 2021.
Date

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Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

If any.
Participant's Name: Maria N. Gonzalez Cruz
Participant's Address: Po Box 8972, Ponce, PR 00732-8972
Participant's Email Address: m. noelia-gonzalez Egnail Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17 BK 3283-LT5
Nature of Claim: Accumulated retirement contributions for
By: Maria M. Consider Cruz being a government employee Since 1992 to the present. Maria M. González Cruz The evidence of the certification
Maria N. González Cruz The evidence of the certification
Print Name Was submitted along With
the filing of the claim on
Title (if Participant is not an individual) Tune 28, 2018.
Date Certifications are included as evidence.

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

VERSION JULY 20, 2021

CERTIFICACIÓN DE BALANCES DE APORTACIONES ESTIMADAS

RE: MARIA GONZALEZ CRUZ

Seguro Social: XXX-XX-9730

P.O. BOX 8972

PONCE, PR 00732

La información que se presenta a continuación está basada en los datos obtenidos de nuestros sistemas computarizados a la fecha de ésta certificación.

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a ASR a la fecha de la última nómina procesada en el Sistema. Por tanto, los mismos están sujetos a revisión. En caso de que la información no coincida con los registros del cliente, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia, Corporación o Municipio.

Corporación:

ADMINISTRACION DE TRIBUNALES

Años de Servicio:

25

Balance de Aportaciones:

\$66,812,90

Esta certificación fue emitida el 9 de septiembre de 2021.

La Administración de los Sistemas de Retiro de los Empleados del Gobierno y la Judicatura no se hará responsable de información faltante o suministrada por el Patrono.

Número de Certificación: ASR2021090955896285

Para verificar la validez de esta certificación, debe hacerlo a través del portal del Gobierno de Puerto Rico http://www.pr.gov/validacionelectronica/ o en nuestro portal http://www.retiro.pr.gov



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ESTADO DE CUENTA ESTIMADO

09 de septiembre de 2021

Agencia: 122 - ADMINISTRACION DE TRIBUNALES

MARIA GONZALEZ CRUZ

P.O. BOX 8972

PONCE, PR 00732 8972

Seguro Social: XXX-XX-9730

A base de la información en nuestros registros, al 09 de septiembre de 2021 usted posee:

Fecha de Nacimiento: 01 de febrero de 1969

Fecha de Ingreso al Servicio Público: 31 de octubre de 1992 Fecha de Comienzo de Cotización: 31 de octubre de 1992

Ley Anterior al 30 de j	unio de 2	013
Años Acreditados:	21.00	eratus kontrolitatus kiri eta kurutus 14. Pera 19. Pera Berlinda, azatet eta pirense tata bili beria di Balbat
Aportaciones:		\$40,256.74
Intereses:		\$10,158.24
Gastos Teneduría:		\$0.00
Total Aportaciones:		\$50,414.98
SNC Pagado:		\$0.00
SNC Tiempo:	0.00	
Beneficio:		\$0.00

Ley 3 al 30 de junio de 2017	
Tiempo Trabajado: 4	
Aportaciones:	\$15,174.90
Intereses:	\$1,223.02
Gastos Teneduría:	\$0.00
Total Aportaciones:	\$16,397.92
Beneficio:	\$0.00

Género: Femenino

Es importante destacar que el Balance de la Aportación Individual reflejada es la acumulación de la cantidad aportada a Retiro a la fecha de la última nómina procesada en el Sistema. Los balances aquí reflejados por concepto de Aportación Individual y Años de Servicio están sujetos a revisión.

En caso de que la información no coincida con sus registros, deberá comunicarse con el Coordinador para Asuntos de Retiro de su Agencia o Municipio. Además, puedes acceder esta información a través de la sección Servicios en Línea del Portal de Internet de Retiro: http://www.retiro.pr.gov.

Le recordamos que previo a radicar una solicitud de pensión, deberá solicitar un Estado de Cuenta oficial a través de su Coordinador.

Coordialmente,

Unidad de Estado de Cuenta Área de Participantes



Maria N Gerrai les chris Po Box 8972 Brice PR 00732-8972

00910-170025

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PR 00918-1767

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Participant must provide all of the information below in English:

 Participant's contact information, including email address, and the 	nat of its counsel,
if any:	
Participant's Name: Joel Andrés Maldonado &	narva
Participant's Address: Urb. Velomas #211 9 Central	Igualdad Vega A
Participant's Email Address: joemaldog 09@ gmail-co	n e
Name of Counsel: N/A	- Viktor Malana area
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim	- 500
Claim Number: 17308 in Case No.	90 2010 3
Claim Number: 11300 111 Case 100.	17-3285
Nature of Claim:	77-32-65
Nature of Claim: By: July Q. Maldonn Co	17-33-6 5 20 - 13-33-6 20 - 13-
Nature of Claim:	20 25 25 25 25 25 25 25 25 25 25 25 25 25
Nature of Claim: By: Juli Q. Maldonnilo Signature	ZO PH ST. PRINCE
Nature of Claim: By: Juli Q. Maldonido Signature Tael A. Maldonido Grania	ZO PH ST. PRINCE
Nature of Claim: By: Juli Q. Maldonido Signature Tael A. Maldonido Grania	ZO PH ST. PRINCE
Nature of Claim: By: Juli Q. Maldonido Signature Tael A. Maldonido Granda Print Name	ZO PH ST. PRINCE

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Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc Pro se Notices of Participation Page 33 of 39

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

if any: Elvin Santos Vega Participant's Name: P.O Box 8371, Ponce, P.A 00732 Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: 00 Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. 17 BK 3283-LTS Claim Number: Nature of Claim By: Ale at remaint is not an individual) September 6, 2021

P-0 BOX 837)

00918-170449

United States District Court
Clerk's Office, 150, San Juan
Chardon Ste. 150, San Juan 1961-1767

DOEP WAY PAR

ourt's Clerk's Office

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Evelyn Rivera Olivero
Participant's Address:	Pub 608 apd 30,000 Canouguas P.R.
Participant's Email Address:	evelyn 3161 @ Gueir. Com
Name of Counsel:	Eddie T. Rivera Dliven
Address of Counsel:	
Email Address of Counsel:	ejbir @ out cook. Com
2. Participant's Claim Number:	Claim number and the nature of Participant's Claim: Evelyn Rivera Ulivero
Nature of Claim:	Promesa Little TII NO. BK 3283-Lts
By: Signature Signature Frint Name Conferment Title (if Participant is	Jeva Dliver o Cora dua da not an individual) 2021



Case:17-03283-LTS Doc#:18180-1 Filed:09/21/21 Entered:09/21/21 12:03:58 Desc Pro se Notices of Participation Page 37 of 39

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Julia TORRES MontaLVO
Participant's Address:	Julia Torres Montalva Repto Saman Calle #1 J-17 Bogueron, P.R. (POB#260)
Participant's Email Address:	(POB#260)
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Cl	aim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	
By: Signature	count me out whatever
2/	it 15,
Print Name	SA SA BES
Title (if Participant is r	not an individual)
Date	

Tell me in plain English...what is this all about?
There is something that states about Creditors/Debtors
Do I owe?

Or is it making changes to some laws?

Cleak's Office Chapdon Ste 150, SAN JLAN P. R. C-B00918-1767 District Court

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